Guidance for HMP Assessment and Formulation of the Year – 2 Workplan

These instructions are intended to give guidance on two inter-related planning activities; 1) the HMP Assessment and 2) the planning and formation of your Year -2 workplan. The goal is for the work that you carry out in Year -2 to be based in the best available evidence of the needs in your service area that can be addressed within the Minimum Common Program (MCP)[1] of the HMP. Given current time constraints, the prioritization and construction of your Year – 2 workplan is not expected to come from a rigorous and complete assessment process. This does not mean that prior effort has been wasted or is in the wrong direction; any assessment work already completed by your coalition will add value to and strengthen the prioritization process and will help to clarify the choices you will make.

Please note that this guidance document is only about your HMP assessment and the formation of your workplan; this guidance does not pertain to the MAPP process.

To formulate your Year - 2 workplan we are asking that you follow the steps laid out below. We have included a grid at the end of this document that you should use to document your prioritization work. Once your prioritization choices have been reviewed and approved by your Project Officer this grid will help you in entering your draft workplan into the KIT system. Please note that the development of your OSA SPF-SIG year 2 workplan is a separate process and outlined starting on page 6 titled OSA SPF-SIG Workplan

 Please follow the steps below:

   A. Review the statistics attached to the objectives of the MCP provided to you in the file: HMP_MCP Objectives & Statistics.
      In some instances we have been able to provide you with an additional level of data that was not given in the District profiles. Keep in mind, in some cases there may be differences between some of the data provided and other published sources due to the data having been run in a slightly different way or for a different time period. Some objectives do not have data attached; these objectives have focal points that are unique to each local service area and are not covered in state level surveillance efforts. Data for these objectives will need to come from local assessment efforts.

   B. Review and compare any local data gathered though assessment work already completed by your coalition.
      Also compare the "local statistic" provided with the "state statistic" provided. Within each category, review all data you have gathered related to each of the MCP objectives to see where each objective falls in your service area compared to the relevant state measure. Make a preliminary judgment as to whether certain objectives emerge as potential priorities for your area based on this data.

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[1] Note the change in wording for Objective 2.5.

C. Construct from this review a comparative analysis that describes the health status of your service area using both the provided statistics and any additional local information you have gathered. You are looking to identify those health areas that stand out as priorities needing attention.

In doing this we recommend that you use the following headings from the MCP to organize your analysis of the information.

- Tobacco: Second Hand Smoke
- Tobacco use prevention and treatment
- Good nutrition, healthy eating and healthy weight management
- Physical activity
- Chronic disease [heart attack, stroke, diabetes, cancers, asthma]
- Local personal health self management supports for prevention or management of chronic diseases
- School Health[2]

Within each category, review all data you have gathered related to each of the objectives to see where the objective falls in your service area compared to the relevant state measure. Make a preliminary judgment as to whether certain objectives emerge as potential priorities for your area based on this data   This preliminary analysis is intended to give you a data-driven snapshot of the health needs of your service area relative to state level data and relative to the other MCP in the same category.

D. Next, use the changeability/importance grid below to rate each objective, one category at a time. This should help you to consider the potential impact and effectiveness of addressing each objective and will give you additional information to help you determine the relative priority level of each of the various objectives. This process should lead you to a determination of which MCP objectives are worth the most effort based on the resources that are available to you.

High
Changeability

Low
Changeability

Low   High
Importance   Importance

From: Kreuter M, Lezin N, Kreuter M. and Green L; Community Health Promotions that Work. Jones and Bartlett, 2003

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[2] Schools with a School Health Coordinator are completing the School Health Index, a separate assessment and planning process. The school objectives provided in the HMP Statistics and Objectives document apply to schools that do not have a SHC and are within the scope of community planning.

Changeability: How easy or hard will it be to make meaningful progress on the objective. Use your knowledge of local conditions to assist you in your judgment of changeability. Relevant factors to consider include, but are not limited to: the amount of fiscal resources that are needed to enact the change, the amount of personnel time and effort needed, the degree of local investment in the objective or program area, and the political will existent around the objective or program area. Changeability may also take into account how entrenched the particular norm, policy, or behavior is that the objective targets in your locale. If something is widely considered acceptable in your community then it may take more effort and investment of resources to change it.

Importance: The data you analyzed in Step B above should inform your judgment about how important each objective is to work on at this time (this is a separate question from how changeable it is – something could be very important to change even though it may be very difficult to change it). Also consider to what extent the objective or category of objectives is a major driver or determinant of health status; you might also ask yourself whether the work will affect a large proportion of the population of the service area, or has the potential to have a significant impact on personal health in the population you serve, particularly among subpopulations who suffer from health disparities related to the objective or category. In addition, you may wish to factor in social norms and public opinion; how important is the objective to the communities in the local service area?

As part of your consideration regarding which objectives to include in your Year – 2 workplan you should consider what your major areas of focus and work have been during this current year and what your Healthy Maine Partnership has accomplished over the past six years. The work that your coalition has accomplished previously may impact your thinking on what needs to be done at present and how familiar and receptive the communities of your service area are to the topic areas of the MCP. You may choose to continue with some of the efforts that your coalition has previously initiated (as long as they fit within the MCP), or you may choose to redirect your attention to new tasks within the MCP. Regardless, these decisions must be based on the results of a prioritization process that incorporates the data and factors presented in this guidance.

E. Tentatively select your objectives for the Year – 2 workplan based on the combination of need demonstrated in the data and your importance/changeability ratings, within the context of the resources that are available to your coalition, both locally and from the state. The goal is to address the most prominent needs of your service area as illustrated by available health statistics and use the analysis on changeability and importance to identify those objectives which will maximize the impact of your coalition's work and create the greatest "bang for the buck".

The 2nd year HMP workplan will continue to be based on the 50-40-10 percent parameters that were laid out in the RFP. In other words, your CDC-HMP workplan design should reflect a balance of effort of 50% on Tobacco, 40% on Physical Activity and Nutrition, and 10% on chronic disease objectives (including the Care Model Inventory). [3] Use your analysis

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[3] These parameters apply to the amount awarded for your CDC-HMP column in your budget. Your CCHC, OSA, and CSHP funds are separate and the 50-40-10 parameters do not extend to those workplans. Additional funds that are awarded separately for

of the data and your determination of changeability, importance, and available resources for each MCP objective to help you choose the work you will do within each of the 50-40-10 parameters and to portion your effort between the three parameters.

Within the 50-40-10 parameters, focus on those objectives that the evidence indicates have the greatest urgency and are likely to have the greatest effect, and that are the most do-able given your assessment of feasibility and available resources. You may identify priority objectives within a program area for which you do not have sufficient resources in your contract. It is OK to not include these in your Year – 2 workplan due to a lack of resources to work on them. However, you should discuss your rationale for not including them with your Project Officer. Your coalition may want to consider focusing some capacity building efforts on identifying potential resources to address these priorities in other ways.

F. Once you have tentatively selected the MCP objectives that you want to consider or plan to address for year-2, you will need additional information specific to your service area in order to make your final decision about whether and how to address each of the MCP objectives you identified as priorities. The final information that you will need to make the decision on whether to work on this objective comes from an environmental scan. This is where the work that your HMP may have performed on the suggested mapping points for the HMP assessments given in the RFP will be used.

Each MCP objective has a particular focus of action that is coupled with a setting where the focus is to be applied. For example, for **Objective 1.3 "Reduce the number of children under 18 exposed to secondhand smoke in local home-based daycare and child care facilities"**, the focus is second hand smoke and the setting is local home-based daycare centers and child care facilities. Count the number of licensed home based daycare centers and child care facilities within your service area; the number of licensed day care centers and child care facilities becomes a denominator in a ratio that will help to define the work in your service area.

G. Identify the strategies present in the KIT system that you will use to accomplish your chosen objectives.
Each of the MCP objectives has multiple strategies coupled with it in the KIT system. These have been developed by Program and the Evaluation staff to enable accurate recording and counting of the work that you are doing. If you identify a strategy you wish to use to apply to an objective that is not in the KIT system, please discuss with your Lead Project Officer your thoughts and they will help you determine whether that particular strategy can be approved in the workplan and how to record your efforts. This will help us to both learn about your promising community practices, while maintaining integrity of our overall evaluation system.

H. Start to fill in the grid below to document your prioritization process (copy the grid as necessary to incorporate all MCPs).
Provide the information relevant to each MCP objective. Record the County or District statistic, any local data gathered through local assessment, and the state level statistic given to

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specific work, i.e. on colorectal cancer screening, should be in addition to whatever you plan within the 10% of your work on the chronic disease objectives.

you. In the Rationale for Choice row, describe where the objective falls on the changeability/importance grid, and any other considerations that affected your team's decisions about how to rate the priority of the objective. If you can make a determination that a particular objective is not a priority before completing the remaining information, go ahead and do so.

For the objectives that you think are priorities and you may want to concentrate your work on, determine the status of the setting as it relates to the objective. Again, using Objective number 1.3 as an example, you will now count how many of the identified licensed home based daycare centers and child care facilities already have policies for a 100% smoke-free campus.[4] This service area count of the number of licensed day care centers and child care facilities that have 100% smoke free campuses becomes a numerator in the ratio that illustrates the work that remains in your service area to fully achieve objective 1.3[5].

This analysis of the setting should help you verify or adjust your "importance" rating – you may have initially considered this objective very important due to the high risks associated with exposing children to second hand smoke in their daily environment. However, if you discover that out of 40 child care facilities in your area, 38 of them already have and promote 100% smoke free policies, the priority level of this objective may drop. You may still decide to tackle the remaining facilities but the amount of resources and attention you need to devote to this objective may be lesser than you initially planned and other objectives may take precedence because of this. You are only required to complete the service area counts on those objectives that you intend to include in your Year 2 workplan.

I.   Identify specific partners that will be engaged to accomplish the work on each objective included in your workplan, and the specific resources you will need to include in your budget and staffing plan

J.   Use the completed grid to review your prioritization process with your Project Officers. If the data indicates a high need regarding a particular objective in your service area and you did not prioritize this objective, you should help your Project Officers understand why you choose to not work on that particular objective.

Once your Year – 2 workplan has been approved by your Project Officer you can enter it into the KIT system. You will then be able to generate a KIT report to create a hard copy of your workplan to submit in the recontracting or contract extension process that will take place at the end of this fiscal year.

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[4] All licensed Child Care settings fall under Maine's Public Place Law (22 M.R.S.A. § 1542). However, it is not well known that home based day care and baby sitting services also are subject to secondhand smoke laws. The intent of this objective is to help all child care setting put in place clear policies that educate and inform providers and parents about secondhand smoke, not to place the HMP in the position of performing compliance checks on child care settings.

[5] Due to limitations on the KIT system at the end of each contract year, you will be asked for a "year-end count" of each setting you worked in. For example we will ask you to tell us the number of unique day care settings that you worked in over the year. If you worked in 2 child care facilities for MCP 1.3 and one other for a different MCP, that would be 3 unique child care settings at year-end that you worked with. More information about the year-end count will be forthcoming.

Prioritization Grid

MCP Objective Selected	Source of Statistic or Surveillance	State Level Statistic	
		Service Area Statistic	
		Locally Provided Statistic (If any)	
		Numerator (Status of (Actual Service Area Count)	
		Denominator (Actual Service Area Count)	
Rationale for Choice	Changeability: Importance: Other Considerations:		
Strategies to be employed (from the KIT strategy tracker)			
Potential Partners			

OSA SPF-SIG Workplan Guidelines

The guidelines for the year two OSA SPF-SIG workplan are different and separate from the CDC HMP workplan due to the requirements of the SPF-SIG federal funding stream and the prior grant (Strategic Planning and Environmental Strategies – SPEP) where the county assessment and strategic planning has already been completed.

The SPEP strategic plan and needs assessment developed for your county should be used in the development of the year 2 substance abuse workplan. You may download a copy of your county's plan at http://www.maine.gov/dhhs/osa/prevention/community/spfsig/plansdata/strategicplan.htm.

The Workplan Matrix Report generated in KIT Prevention will be used to develop your workplan if you are using strategies that are linked to Objectives in KIT Prevention; these are pre-approved. Directions on creating a workplan in the KIT Prevention system were covered in the KIT Prevention Training and these directions will be emailed to HMPs in the near future.

 Any strategy(s) that is not in KIT will need to go through the OSA SPF- SIG Evidence Based Strategy Approval Process and you will need to use the form below (Year 2 Workplan - Strategies for OSA SPF-SIG Approval Process) for the Objective(s) and strategy(s) you are requesting to use.   Please include this form with your OSA SPF-SIG Workplan in your contract.   The OSA SPF-SIG Strategy Approval Guide may be found at: www.maine.gov/dhhs/osa/prevention/community/spfsig/

It is OSA's intent that the work funded focus mainly on strategies that will achieve population-level change in youth, young adults, and parents, thus applicants should consider carefully whether the strategies they are considering will reach sufficient numbers of people in the target population to meet this standard. Additional information on SPF-SIG is also available on the OSA SPF-SIG website at: www.maineosa.org/prevention/community/spfsig.

	Year 2 Workplan - Strategies for OSA SPF-SIG Approval Process				
Requesting Organization:				*Contact Person:*	
Contact's Email:				*Phone:*	
OSA MCP Objective in KIT:	**Work to begin by (date)**	**Who Is Responsible for leading implementation?**	**Towns prioritized in year two**	**Evidence based strategies not listed in KIT** (must be submitted to OSA for approval based on one or more of SAMHSA's evidence based strategy definition)**	
Insert more rows if needed.					

** SAMHSA's 3 Evidence Based Status Definitions:
   1 Inclusion in a Federal List or Registry of evidence-based interventions/strategies;
   2 Being reported (with positive effects) in a peer-reviewed journal; or
   3 Documentation of effectiveness based on all three guidelines listed below. The strategy is:
      i: Based on a solid theory or theoretical perspective that has been validated by research;
      ii: Supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness; and
      iii: Judged by a consensus among informed experts to be effective based on a combination of theory, research and practice experience." OSA has a panel of informed experts who will review strategies submitted that fall into definition 3

Download the OSA SPF SIG Strategy Approval Guide for those strategies you would like to propose that fit within definition number 3 above. http://www.maine.gov/dhhs/osa/prevention/community/spfsig/index.htm